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as named inventors

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Excision device

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The invention refers to an excision device with which tissue samples may be removed from the human body. The device may also be used to section fluids, and to inject irrigation fluids into excisions.

The excision device according to the invention comprises in its main portion a handle (together with its back part designated as the needle part), and with a cover sleeve (together with its back part designated as the cover part), whereby the needle comprises a tube or a rod or the like that is provided with a tip section that is rounded, pointed, or needle-shaped, e.g., open, closed, or needle edged, with a beveled cutting edge, as with injection needles or the like, and in addition, is beveled with a crown, such, as opening or the like or is open for aspirating fluids, such as the tip section and the extent of the back of the needle are beveled such that when the needle is directed into the tissue, tissue parts pass from the needle, which

may be covered by the cover sleeve that is positioned in the handle in the direction of the longitudinal axis of same or retracted around the longitudinal axis of same, and whereby the tissue that protrudes into the cavity is cut by its cutting edges. The cover sleeve is composed of a tube, a cylinder, a disc, or the like, it is implemented at the tip section and is completely or partially able to cut, as required by the particular construction.

The crown or the like of the needle is covered by the cover sleeve, which is also along its needle in the direction of its longitudinal axis of same, or retracted or spiraled around the longitudinal axis of same, depending on the particular construction of the device. Each time when the needle is stuck or loosened into the human body no tissue may be torn out from the cavity. The tissue is removed only at the point in the body into which tissue is to be aspirated by retraction of the cover sleeve or moving it back. In this case, the needle is, depending on the

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construction of the device, introducing a small distance further into the tissue or retracted or moved back a corresponding distance whereby the tissue is pushed into the wound. In this case, the tissue is again covered by the cover sleeve, whereby the device that protrudes from the wound is not left. The needle with its sharp sample section is retracted. However, it may be cut more far guided further into the tissue for the purpose of taking further samples. Depending on the construction of the device, the cover sleeve or the needle part may be retracted by hand so that the device can then be used for irrigation etc. The implementation of the tip section of the needle and the implementation of the cover or the tip of the needle may be improved such that when the needle is inserted into tissue, tissue may perform its function and is not a perfect section of the cover. The cover sleeve and the needle or the cover sleeve or the needle, respectively, are provided with mating parts such that when the device is to be used the protruding tissue is covered thereby.

The particular advantage of the excision device is that it makes one or more or an undisturbed and, in particular, an uncut piece of tissue from each part of the body, and it provides from every part of the body however the needle of the device may be constructed with its smallest diameter, and because in addition it leaves the smallest possible postoperative wound. Such a device enables one easily to biopsy tissue samples, e.g., from the heart muscle or from the liver. This is not possible with the previously complicated Silverman needle. It causes a larger postoperative wound because biopsy spaces spread more. Furthermore, the tissue to be biopsied is crushed when the system comes back together.

The needle may be produced with the smallest diameter because its construction is the simplest imaginable. The cover sleeve is fixed along the needle, its outer wall profile is the longitudinal axis of the needle, whereby it may be easily movable or positively secured. With a straight needle, an improvement may be achieved such that the cover sleeve for the purpose of cutting the tissue sample may be moved or, depending on the construction of the device, slid in a fixed or sliding manner, without thereby extending the device considerably more complicated. Because the cover sleeve is slid along the needle or along the needle part, it is possible to improve it to be in the handle part of the device, it may, however, be of a part with the needle part just like a needle.

The device is generally composed in its entirety of only two parts, the needle and the cover sleeve that may be introduced into the device body for the purpose of biopsying tissue. Both parts may therefore retract from advantageously constructed, achieving the highest level of simplicity. The device may be

similar to biopsied with a needle, the diameter of which is equal to that of the smallest inflicting needle.

For exemplary embodiment of the invention is illustrated by the following diagrams:

Figure 1 shows an excision device with armature in cross-section;

Figures 2, 3, 4, 5, and 6 show the excision device broken down into its main components;

Figures 7, 8, and 9 show enlargements of various views of the needle tip of the device in its state in which tissue may protrude into the wound;

Figure 10 shows a cross-section along line A-A;

Figure 11 shows a variant;

Figure 12 shows a cross-section along line B-B;

Figure 13 shows an excision device in part in cross-section in which the needle has a recess or an opening, respectively, the cover sleeve is adjustable;

Figures 14, 15, 16, 17, and 18 show the device broken down into its main components;

Figure 19 and 20 show two enlarged views of the needle tip of the device, in which one tissue may protrude into the opening;

Figure 21 shows a cross-section along line C-C;

Figures 22, 23, and 24 show various views of a device in which the cover sleeve and the needle part are locked against each other by a compression spring device;

Figures 25 and 26 show the device broken down into its main components;

Figures 27 and 28 show a cross-section along line D-D;

Figure 29 shows a device in part in cross-section in which the needle may have a particularly small inner section;

Figures 30, 31, 32, 33, and 34 show the device broken down into its main components;

Figures 35, 36, and 37 show three enlarged views of the tip of the device; the cover sleeve is displaced in cross-section in Figure 36;

Figure 38 shows an excision device, partly in cross-section, in which the cover part is rotated;

Figures 39, 40, 41, and 42 show the device broken down into its main components;

Figures 43 and 44 show two enlarged views of the needle tip;

In Figure 1, 1 represents the needle, 2 the cover sleeve, 3 the armature, 4 the locking lever, and 5 the pin for the locking lever. The tip section of the device is shown in enlarged view in Figure 6, but with retracted cover part. Figure 7 shows the tip in direction A; Figure 8 in direction B; Figure 9 represents the needle 1 and the cover sleeve 2. The needle 1 is implemented

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with each 10 over a part of the internal surface of the cover section in order to prevent the tissue that is protruding from the cover 1 from sliding and falling outside. When the tissue biopsy is being cut, it slides into the cover sleeve 3. The cover sleeve 3 is held back by the lever 5 and held such that its cutting edge 6 protrudes beyond the cutting part of the cover. By cutting the cover at the cutting edge 6, the tissue slices slide more easily into the lower section of the cover 1. If the cover sleeve is not held back such that it may be retracted whatever distance it will, the corresponding section of the needle may also be retracted and one face 10 is able to cut. The cover sleeve is retracted the rear so, thus, an operator may adjust while excising the tissue sample. If the cover sleeve 3 (Figure 1) is shortened as he moves, the lower part 11 may be correspondingly shortened in the needle 2 (Figure 2). The locking lever 5 (Figure 5) is implemented such that it locks the needle part and the cover part as represented in Figure 1 such that the cover sleeve holds the needle when it is introduced into the body. In particular when it penetrates the skin. If the lever 5 is shifted, the lever part 11 is positioned above the cover 12 of the cover sleeve 3. The upper part is now freely movable with the part constructed map (not provided). If the lever 5 is now brought back in its original position above the cover part is in a rear position, the cover part may be pulled out for the purpose of removing the sample that is attached to it. Instead of a lever 5, an automatically locking catch or the like that is activated by hand pressure may be used for the front position and the rear position of the cover part.

Figure 11 shows a needle in which the cover sleeve 3 is provided with a cover 14 leading in the direction of the point in order to prevent tissue buildup when removing tissue. Instead of the cover sleeve, the needle may be provided with a corresponding cover. Figure 12 shows a cover section along line A-A.

Figure 13 represents the needle 21 the holding device for the cover part 22, the cover sleeve 23, the cutting screw for the cover part 24, and locking screw 25. The locking screw 25 of the needle tip of the device is partially enclosed by the needle for reasons of safety. Instead of the air-coupled components used for the needle, the cover sleeve 23 (Figure 13) is detachable depending on its shortening by retraction within the holding device 22 (Figure 13).

In Figure 15, 21, part 24, 23 represents the needle and 24 the cover sleeve. The cover sleeve may be shortened in the extent that it no longer protrudes over the tip 10. Figure 16 is

discontinued such that there is no obstruction as the tissue slides into it. In this embodiment of the invention, any the tip section of the needle cuts the tissue, is pushed off as it slides in.

Figure 16 represents the needle 26, the cover sleeve 27, the holding device for the needle 28, the cover of the cover 29 and the locking screw 30. The needle of the device may be provided with the coagulation cross-section that is typical of that of the standard injection needle because of its shape and stable construction. The coagulation biopsy by such a device has a cross-section that is only a little smaller than the cross-section of the needle.

Figure 19 represents the needle 31 and the cover sleeve 32. The cover sleeve 32 may be moved by 33.

Embodiments

1. Biopsy device for removing tissue samples from the human body, wherein said device is characterized in its total section of a needle and a cover sleeve, wherein the needle is comprised of a tube, a rod, or the like with a cross-section that is rounded, pointed, or hook-shaped, and in addition it is implemented with a distal notch or opening in the like at its tip section for capturing tissue samples, while the tip section and the notch or the like of the needle are implemented such that when the needle is inserted into the tissue, tissue may penetrate over the cover, which may be covered by the cover sleeve this is positioned at the needle in the direction of the longitudinal axis of cover and whereby the tissue that protrudes over the notch is cut off by its cutting edges.

2. Biopsy device according to claim 1, wherein the needle is also implemented with leading edges for cutting the tissue sample.

3. Biopsy device according to claims 1 and 2, wherein the notch of the needle is provided with hook-like edges or the like.

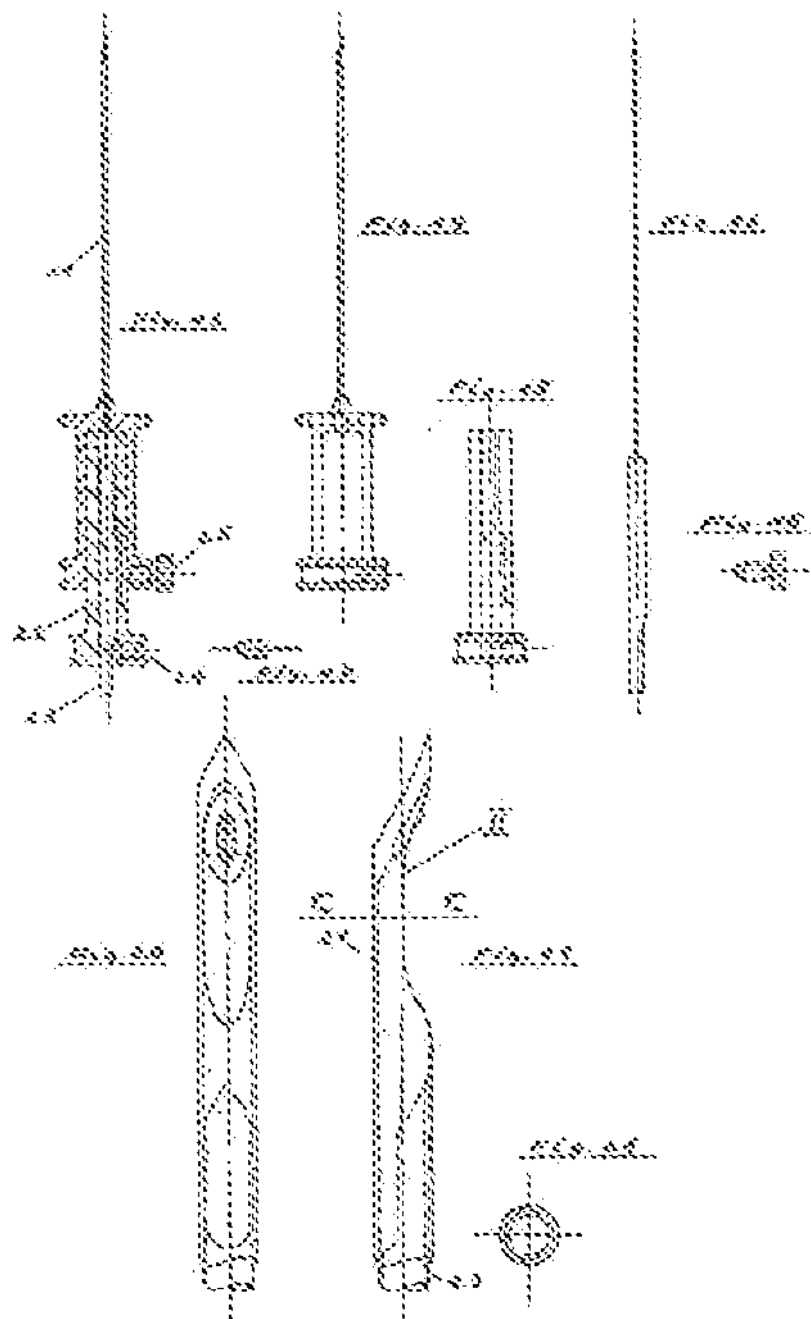
4. Biopsy device for removing tissue samples from the human body according to claims 1, 2, and 3, wherein the needle part and the cover part may be connected in each other by a partially symmetrically implemented lever, rotational, or sliding mechanism in the like that is activated or triggered by hand in order to open or close the device, that is, move the needle or retract the cover part, or for sliding the tissue sample, respectively, by means of the cover sleeve.

2 pages of Diagrams

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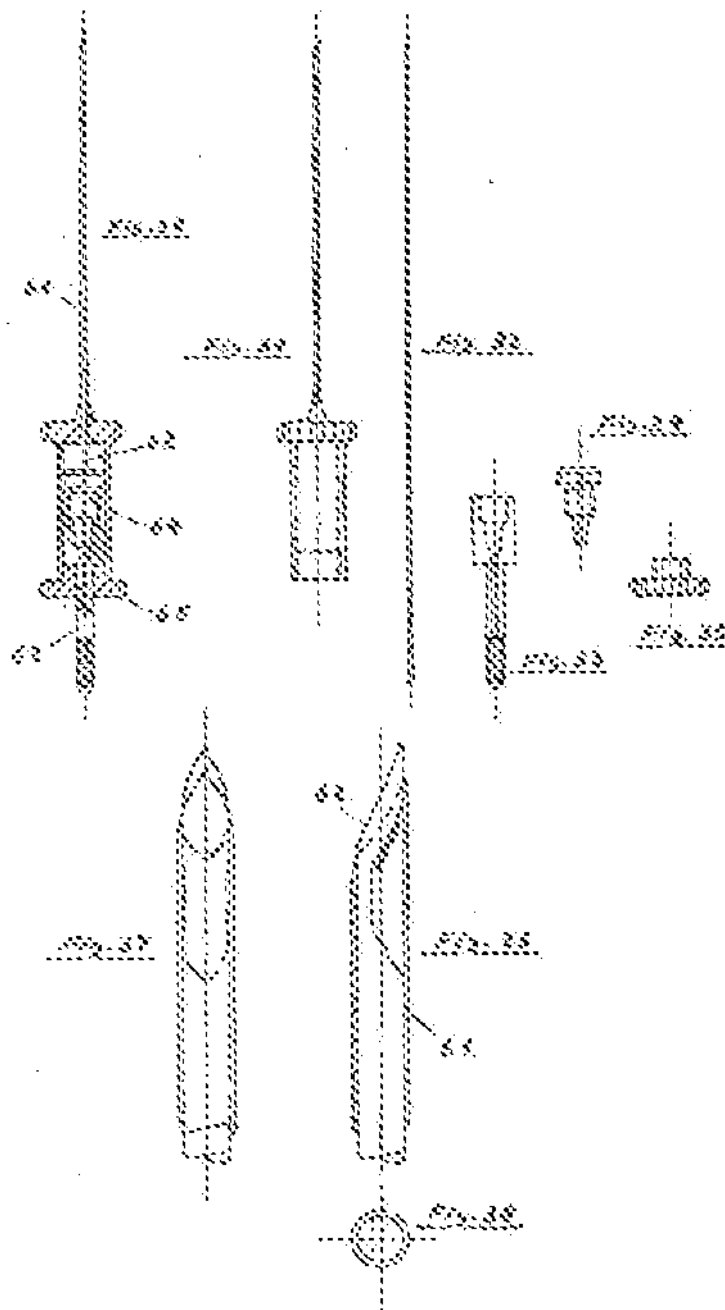
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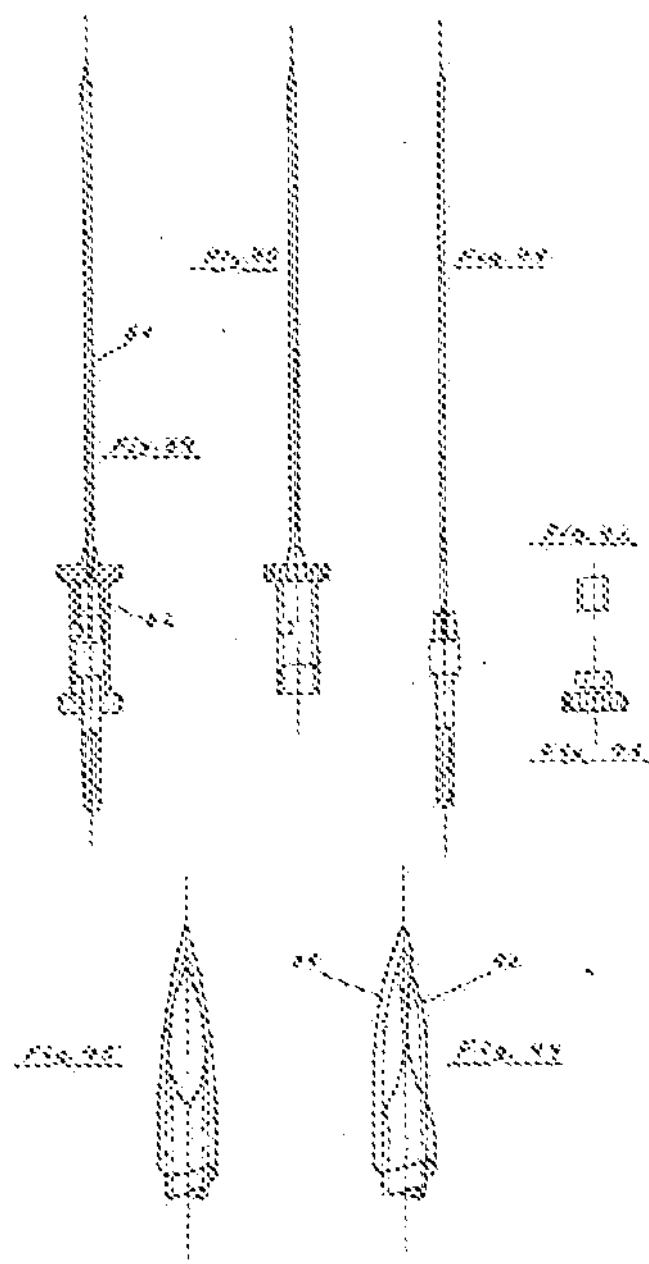
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